

Desired Start Date: _____ Class: _____



Wait List Enrolled Undecided

Today's Date: _____

How did you find out about Little Vineyard Preschool?

- Internet (Please specify) _____
- Drove by Phone Book Military Friend Our Kids Kid's Directory
- Other: _____

Scheduled Tour Walk in Time: _____ Tour given by: _____
 Classroom toured: _____ Teacher: _____

Child's Name: _____ Gender: M/F DOB: _____

Desired start date: _____ Age then: _____

Where is the child currently enrolled? _____

Reason for leaving: (if applicable) _____

Currently under a program which qualifies you for assistance? Yes No

Program desired: Full-time M/W/F * T/TH *

**(Part time programs have limited availability and are not available for Pre-K or Nursery)*

Father's Name: _____ Mother's: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address(f) _____ (m) _____

Address _____

City: _____ State: _____ Zip: _____

FOR OFFICE USE ONLY:

Date contacted for opening: _____ Staff making call: _____

Comments: _____

Date contacted for opening: _____ Staff making call: _____

Comments: _____

Registration Paid: _____ Packet given: _____

Start Date Confirmed: _____ Classroom: _____

Teacher Notified: _____